DOCUMENT RESUME

ED 196 239 EC 131 389

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TITLE The Integration of Speech Therapy Techniques with Those of Movement, Music, and Sensory Integrative Therapies in Order to Provide Communication Systems for Severely Emotionally Disturbed Children.
PUB DATE Apr 80
NOTE 10p.: Paper presented at the Annual International Convention of The Council for Exceptional Children (58th, Philadelphia, PA, April, 1980, Session W-77).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Autism; *Communication Skills; *Interdisciplinary Approach; Movement Education; Music Therapy; Sensory Integration; Speech Therapy; *Therapy

ABSTRACT

Project LINK at the Developmental Center for Autistic Children in Philadelphia provides therapy to emotionally disturbed children and training and consultation for teachers and mental health professionals. Each child is evaluated by treatment team members through repeated observations and informal assessments. The primary goal of treatment is the establishment of a functional communication system. Movement, music, speech, and sensory integrative therapies are all used to develop more functional communication systems with the autistic population. (SBH)

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The Integration of Speech Therapy Techniques with those of Movement, Music, and Sensory Integrative Therapies in order to Provide Communication Systems for Severely Emotionally Disturbed Children

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The treatment of childhood or infantile autism has remained an issue of controversy since the syndrome was first identified and named by Leo Kanner in 1943. He noted in his original eleven test children that they all manifested similar behaviors-behaviors which we as teachers, therapists, and mental health professionals can identify in many of the severely emotionally disturbed children with whom we work. Some of these behaviors include: insistence on sameness, perseverative or stereotypical movements, lack of eye contact, no relationship with peers or adults, obliviousness to auditory and/or visual stimuli, imperviousness to pain or extremes of heat or cold, lack of impulse control, and a gross delay in language development or the presence of a disordered communication system.

The severe problem these children have with language has led to the innovation of new intervention techniques. Much research has been done in the area of stimulating language development in autistic children. Lovaas has reported success with behavior modification in teaching imitation and rote responses to this population. Churchill has developed what he calls his 9-Word List in which word forms are manipulated by the children to form different responses.

The implementation of techniques evolving from this research has been used with varying degrees of success. The reasons why these children are resistive to learning verbal communication remain somewhat of a mystery. Theories as to why abound. Kanner, Wing, and others have stated that verbal communication is too personal; too threatening for these children, so they avoid speaking. More recent research by Michael Rutter and others points in the direction of severe auditory processing and perceptual disorders in these children-so severe that they are not capable of learning language. Dr. Margaret Ferry and her staff at the University of Arizona Health Sciences Center at Tuscon and other researchers have been doing CT scans, blood flow, and post mortem studies on autistic children and have found left temporal lobe atrophy in most of their subjects. The fact supports the theory that many autistic

children do indeed have severe neurologic damage so as to interfere with language and cognitive development. Research at the Developmental Center for Autistic Children by Levy, Meck, and Staikoff and by Jean Ayers in California has shown that these children retain infantile reflexes way past the age at which the reflexes should have been integrated; indicating, too, the definite presence of neurologic dysfunction.

The job of rehabilitating or habilitating the communication disorders of these children usually falls into the lap of the speech-language pathologist. Historically, she has had to pull from her resources every trick to encourage the non-verbal or severely language delayed,emotionally disturbed child to begin to speak-often with poor results. Unfortunately, it is most often the case that traditional speech therapy techniques are unsuccessful with these children. It is an impossible task to focus a child on language acquisition activities if he/she cannot stay in a chair, or will not give eye contact, or even acknowledge that an adult is in the room with him/her. Another important factor to consider is that many of these children have no desire to communicate verbally. If they speak, it means they come in contact with a world outside their autistic world, so they resist. Jon Eisenson has stated that in order for a child to learn verbal language, he/she first must be motivated in himself/herself to want to speak.

The emotionally disturbed children at the Developmental Center for Autistic Children (DCAC) in Philadelphia have provided us with a population for whom we can develop new techniques for teaching communication via a cross-modal approach. I am the speech-language pathologist on a multidisciplinary treatment team which also consists of a movement therapist, a music therapist, a sensory integrative therapist, a parent trainer, a child psychiatrist, and a BRIAAC rater, (BRIAAC is the Behavior Rating Instrument for Autistic and Atypical Children-an observational tool developed at the DCAC approximately 15 years ago. Since most autistic children are not respon-

sive to formal tests, the BRIAAC can provide approximate levels of functioning on eight scales: Social Responsiveness, Vocalization, Sound and Speech Reception, Drive for Mastery, Communication, Relationship, Body Movement, and Psychobiological Development, without placing the child in an often threatening test situation).

The members of this treatment team are part of a federal grant from the Bureau of Education for the Handicapped. Nicknamed Project "L I N K", the idea for the team evolved from an incident at DCAC in 1976. Dr. Bertram Ruttenberg our director and child psychiatrist, was called to bring his treatment team (then consisting of a music, movement, and speech therapist) down to Washington, D.C., where there existed a few classes for autistic children in the public school system. The children had been enrolled in the special classes for months, but had made no progress in the areas of language development or cognitive skills. The team observed the children intensely over a period of time, then returned to DCAC to write prescriptive lessons to teach these children using a cross-modal approach. Six months later the team returned to Washington to find that all of the children improved and staff morale was lifted.

The Grant for Project "L I N K" was written soon afterward to provide therapy for emotionally disturbed children and training and consultation for teachers and mental health professionals in various areas (such as child development, language skills, etc.) so that their autistic pupils could perform to their optimum level.

Interestingly enough, all of the Project "L I N K" team members came together with the same philosophy towards treating and educating severely emotionally disturbed children; that is, that all of these children be provided with an immediate, functional communication system.-We at the DCAC do not use the word communication to imply a verbal system. Communication can take the form of a gesture system, a manual sign system, a grunting or non-speech sound system-anything that works for the child. We work from a developmental approach, taking into account that while all of our

children are functioning emotionally and cognitively well below age level, many of them do have splinter skills; that is, some children may be capable of carrying out some tasks at age level.

When a child enters the program at the DCAC, he/she becomes the subject of repeated observations and informal assessments over time by each member of the treatment team. After this six week baseline period, as it is called, the team meets and decides what therapies are necessary for the child, and what approaches might be most beneficial. Establishing a functional communication system for the child is often a primary goal, so he/she is usually enrolled in speech and language therapy. However, the child may be functioning emotionally, motorically, and/or neurologically at a level far below his chronological age, and is not yet ready to respond to formal speech and language therapy. Therefore, in order to prepare him/her to accept a communication system, I try to incorporate techniques from other modalities (such as music, movement, and sensory integrative therapies) into my therapy sessions in order to help him/her develop the prerequisites for language acquisition that, because of neurological and/or emotional deficits, have never been experienced by the child.

We know that language development is an extremely involved process. It cannot occur without gross motor, fine motor, conceptual and emotional milestones first being experienced by the child. In an article by Wing and Ricks in the Journal of Autism and Childhood Schizophrenia they state: "it is suggested that the central problem in early childhood autism is an impairment of complex symbolic function affecting all forms of communication. This problem can occur on its own, but, in the majority of cases, it is associated with other impairments of the central nervous system." In other words, the language problem of the autistic child cannot be treated in isolation; we must treat the whole child.

In the evaluation process, we first determine if the child can move appropriately in his/her environment. Can he/she explore objects, play with them appropriately, and experience events? Many of our children are not capable of doing this. They are very disorganized in their body movement; they may have splits between their upper and lower torsos, and they may have very distorted body images. Their body movement may be out of synchrony and the children may not realize where they are in space. William Condon has pointed out in his research the extreme importance of a good body image and non-verbal synchrony as prerequisites to language development in autistic children. The movement therapist, as one of her goals, helps the child to realize his/her own body and its capabilities and limitations. She helps the child organize himself/herself through movement. In speech and language therapy, I may use some of that technique by allowing the child to experience his/her body through movement. He/she may also be helped to learn to label objects and demonstrate their functions by experiencing them: visually, tactilly, auditorily, and with his/her whole body. Emotional outbursts and/or periods of frustration on the part of the child may, at times, get in the way of progress in language development; therefore, some speech therapy sessions may actually turn into movement sessions; allowing the child to release tension through movement. The movement therapist can also advise the speech therapist how to approach the child for therapy. Some autistic children cannot tolerate the traditional across-the-table seating situation; face-to-face confrontation is too threatening for them, so they need to be approached from the side, or even from the back.

The development of rhythm, phrasing, stress, and auditory discrimination are also essential prerequisites to the learning of language. Techniques adopted from music therapy are ideal to provide autistic children with these skills. It has been documented repeatedly how much better autistic children respond to music than to speech

(probably because of left hemisphere damage), so music becomes a natural medium in which the child can demonstrate and improve his communication skills. If a child is particularly communicative in music therapy, but is non-verbal, I will use music in my sessions, also to develop pre-language skills.

Kanner, Wing, Hermelin, O'Conner, and Ornitz have stated that autism carries with it a variety of motor deficits including lack of gross motor control, problems of motor imitation, and bizarre motor gestures. They report, "it is quite possible that infantile autism is as much a disorder of motor behavior as of cognitive behavior." Werner adds, "competence in motor skills is necessary for the development of higher mental functions" (i.e., language). Motor disorders may result from interferences between the two cerebral hemispheres, causing motor deficits, or from any number or types of lesion sites in the nervous system. With increasing evidence for neurologic damage in autistic children, sensory integrative therapy has become essential to help the child integrate reflexes, and improve bilateral function and laterality. Hemispheric deficits on either side will inhibit language function.

The term "communication" is fast replacing "language" as the word used to describe the transmission of thought and feeling. Communication includes the use of language and a variety of other signal systems used to convey messages. Program planning for severely emotionally disturbed children is often contingent upon how effectively this group can use a communication system. As Wing and Wing state, of all the impairments present in autistic children, "those affecting language, and communication in general have the greatest importance in practice, since they determine the type of education and management needed by the child". Progress in cases at the DCAC have shown that through the collaboration of techniques used in speech, movement, music, and sensory integrative therapies, more functional communication systems can be developed more effectively for this population of children.

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The remainder of the presentation will deal with the viewing and discussion of

a videotape of a child at the DCAC , who is learning a communication system. The child will be observed at intake and after therapeutic intervention from speech, movement, music, and sensory integrative therapies.

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